

Medical Records Obtained by Authorization

From Clear Lake Regional Medical Center

500 Medical Center Blvd.

Webster, TX 77598

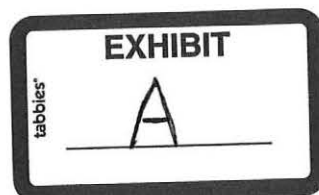
Pertaining to Ronnie Dale Morgan

For Michael R. McGown

VOLUME 1 OF 2

Nell McCallum & Associates, Inc.

24029.001



**NMA
COPY**

AFFIDAVIT

Type of Records: Any and all records FROM 9/1/2013 TO PRESENT whether medical records generated by your facility or otherwise, including but not limited to, photographs, x-ray reports, pathology reports, correspondence, notes, memoranda, consultation reports, test results, and other written records and information in the possession of or subject to the control of the witness pertaining to Ronnie Dale Morgan, DOB: _____

Before me, the undersigned authority, personally appeared _____
who, being by me duly sworn, deposed as follows:

Pat Golmon

(Custodian of Records)

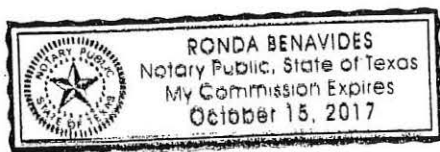
My name is Pat Golmon, I am over eighteen (18) years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the Custodian of Records for: **Clear Lake Regional Medical Center**

Attached hereto are 649 pages of records pertaining to **Ronnie Dale Morgan** from this facility. These said records are kept in the regular course of business, and it was the regular course of business for an employee or representative of this facility, with knowledge of the act, event, condition, opinion, or diagnosis, recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original.

[Signature]
AFFIANT (Custodian of Records)

Sworn to and subscribed before me on the 21 day of February, 2014.



[Signature]
NOTARY PUBLIC

My Commission Expires: 10/15/17

I, Stacey McNeely, a Notary Public in and for the State of Texas, do hereby certify that the foregoing Testimony of the Witness, Pat Golmon, after said witness was duly sworn by Ronda Benavides was delivered to Nell McCallum & Associates, Inc.

I further certify that said Original Answers are being delivered to Michael R. McGown, the requesting attorney, for safekeeping and use at trial.

Given under my hand and seal of office on March 3, 2014.

Stacey McNeely
Notary Public



Nell McCallum & Associates, Inc.
Beaumont/Houston, Texas

24029.001

1205-0249

CLEAR LAKE REGIONAL MEDICAL CENTER
500 Medical Center Blvd. Webster, Texas 77598

PATIENT NAME: MORGAN, RONNIE DALE
ACCOUNT NO: G00111113736
MEDICAL RECORD NO: G000209426
REPORT TYPE: DISCHARGE SUMMARY

ADMIT DATE: 10/16/13
ROOM NO: G.5508
AGE: 63
SEX: M

ADMITTING PHYSICIAN: Mayen Nunez MD, Jose Isaias
ATTENDING PHYSICIAN: Mayen Nunez MD, Jose Isaias

ATTENDING PHYSICIAN: Jose Isaias Mayen Nunez, MD

FINAL DIAGNOSES:

1. Drug withdrawal.
2. Malfunctioning intrathecal pain pump.
3. Chronic pain syndrome.
4. Opioid dependency.
5. Hypertension.
6. Hypothyroidism.
7. Hypokalemia.
8. Morbid obesity.
9. Lumbosacral spondylosis.
10. Gastroesophageal reflux disease.
11. Anxiety.
12. Depression.
13. Tobacco disorder.
14. Hyperlipidemia.

HOSPITAL COURSE:

The patient did have a lengthy hospitalization of 9 days in view of his drug withdrawal and subsequently continuous pain in the lumbosacral area and Dr. Fujii was asked to see the patient in consultation. Unfortunately, the patient did have a malfunctioning pump, which did require ongoing monitoring of the patient's pain. Dr. Fujii was asked to see the patient in consultation. Eventually, arrangements were done for the purpose of having replacement of intrathecal pain pump. Dr. Albustami evaluated the patient for possibility of obstructive sleep apnea. From pulmonary standpoint, the patient was stable. The patient did well and eventually discharged from the hospital in stable condition on 10/25/2013.

DIET:
Regular diet.

ACTIVITIES:
As tolerated.

MEDICATIONS:
Pain medications per Dr. Fujii. Per reconciliation list.

CONDITION AT THE TIME OF DISCHARGE:
Stable.

Dictated By Jose Isaias Mayen Nunez, MD*

PATIENT NAME: MORGAN, RONNIE DALE

ACCOUNT #: G00111113736

WT: DS/G.HTM/MAY10-/43CR4
D: 12/05/2013 11:31 T: 12/05/2013 12:24 S: 10/25/2013
Confirm#: 3333300/Job#:64345883
Authenticated by Jose Mayen Nunez,MD On 12/05/2013 04:02:51 PM

Electronically Signed by Jose Isaias Mayen Nunez MD on 12/05/13 at 1604

PATIENT NAME: MORGAN, RONNIE DALE

ACCOUNT #: G00111113736

Patient:MORGAN, RONNIE DALE

MRN:G000209426

Encounter:G00111113736

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